

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular		<input checked="" type="checkbox"/>	2  A	7 12 1 2018		WINNER ENTERPRISES - FATIMA MOBIL	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input checked="" type="checkbox"/>			10:05AM	12:35PM	GONG, NELSON	
Investigation				SANITARY PERMIT NO.		LOCATION (Address)	
Other:				18 000 15 64		LOT 1-2 BLK 1 #614 MARINE CORPS. DR DEDED	
ESTABLISHMENT TYPE			AREA	TELEPHONE		No. of Risk Factor/Intervention Violations	RISK CATEGORY
RETAIL			1	637-4170		0	2
			No. of Repeat Risk Factor/Intervention Violations		0		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	IN	OUT	Management awareness; policy present			6
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	IN	OUT	Hands clean and properly washed			6
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			6
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures		X	6
20	IN	OUT	Proper cold holding temperatures			6
21	IN	OUT	Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and Ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38	X		Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	X		Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign)	Date:
J. GARCIA EPHO 1	07/02/2018
DEH Inspector (Print and Sign)	Follow-up (Circle one): YES NO
J. GARCIA EPHO 1	8/2/18

Rev: 08.27.15

White: DPHSS/DEH Yellow: Food Establishment

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ESTABLISHMENT NAME WINNER ENTERPRISES - FATIMA MOBIL		LOCATION (Address) LOT 1-2 BLK 1 # 614 MARINE CORPS. DR. DEDED	
INSPECTION DATE 7 / 2 / 2018	SANITARY PERMIT NO. 180001564	PERMIT HOLDER GONGT, NELSON	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
EGG SANDWICH/CH/CHILLER	38.0		
CHICKEN EMPANADA/HH/FOOD DISPLAY	75.5		
PORK EMPANADA/HH/FOOD DISPLAY	75.0		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINT NO. 18-114 REGARDING NO RUNNING WATER IN ESTABLISHMENT INCLUDING THE RESTROOM. NO EVIDENCE TO SUPPORT THE COMPLAINT WAS OBSERVED DURING THE TIME OF INSPECTION. HOT RUNNING WATER WAS PROVIDED.	
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	
19	PHF/TCS FOOD (CHICKEN & PORK EMPANADAS) NOT MEETING PROPER HOT HOLDING TEMPERATURES. PHF/TCS FOOD SHALL BE KEPT AT 140°F AND ABOVE TO PREVENT PATHOGENIC GROWTH/TOXIN FORMATION. COS: ALL EMPANADAS WERE DISCARDED.	COS
38	WIPING CLOTHS NOT PROPERLY STORED IN SANITIZING SOLUTION AFTER USE. WIPING CLOTHS SHALL BE STORED IN PROPERLY DILUTED SANITIZING SOLUTION IN BETWEEN USE TO PREVENT CROSS-CONTAMINATION.	8/2/18
45	NO CHEMICAL TEST STRIPS PROVIDED FOR THE WAREWASHING SINK. TEST STRIPS SHALL BE PROVIDED TO ENSURE EFFICACY OF SANITIZER STRENGTH.	8/2/18

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) DITA M. CARACREAN	Date: 07/02/2018
DEH Inspector (Print and Sign) J. GARCIA EPHOI	Date: 7/2/2018
G. TAKASE EPHOI	

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WINNER ENTERPRISES - FATIMA MOBIL		LOT 1-2 BLK 1 #614 MARINE CORPS. DR.
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Date: 7/2/2018